



City Hall Mailing Address: 567 El Camino Real San Bruno, CA 94066 Voice: (650) 616-7074 & Fax: (650) 873-6749

www.sanbruno.ca.gov

COMMUNITY DEVELOPMENT DEPARTMENT Planning Division

APPLICATION FOR SPECIAL EVENT-FILMING PERMIT

REQUIREMENTS \$ Site plan or loca \$ Description \$ Certificate of Lia \$ Security Plan	•		FEE \$1,252	Date Submitte		Check No:	
	Applica	tion should be sub	omitted 30	days before	the event		
Type of Event:	Movie	Television					
Purpose & General	Statement Describin	g the Type of Ever	nt:				_
Location of Event:	, Has the Site Been F						—
Date(s) of Event: _		Day(s) of Week:				
Hours of Operation: set up even							
Applicant:		Fmail					
Address:		Phon	e:				
Property Ownershi	p:						
Name:		Email	:				
		Phon	e:				

Event Detail:	Circle Yes or No
event Detan:	Chicle Les of No

Alcohol Served/Sold?		No
Food Served/Sold?		No
Require Closing of Public Street or Parking Lot?		No
Any application for a permit or license from the City, to engage in any business, denied or revoked?		No
Electricity or generator used? If Yes, describe:	Yes	No
Tent used? If Yes, describe:	Yes	No

Number of Participants:					
Number of Employees/ Staff:					
Location of Participant Parking:					
Type of Security:					
Person(s) In Charge During Event:					
Name:	Cell phone number:				
Name:	Cell phone number:				
above information is true and correct. Some considered sufficient cause for denial of	cal Exemption) as set forth in the information contained herein, and certify that the Such certification is made with full knowledge that misrepresentation may be revocation of a permit or license. Date:				
Signature (Owner):	Date:				
San Bruno Police Department Appro	val en				
Ву:	Date Approved:				